Fill in this informati	ion to identify your case:					
Debtor 1	Samuel		Arriola			
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court for the:	Wes	tern District of Washington			
Case number 20-12088 (if known)			Check if this is an amended filing			
Official Fo	rm 106D					
Schedule	e D: Creditor	s Who H	ave Claims Secure	d by Prope	erty	12/15
needed, copy the A known). 1. Do any creditors No. Check th Yes. Fill in all	Additional Page, fill it out, have claims secured by y	number the entrie	le are filing together, both are equally rees, and attach it to this form. On the top	of any additional pag		
 List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name. 				Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 Boeing Ecu		Describe th	ne property that secures the claim:	\$8,386.00	\$8,200.00	\$186.00
Creditor's Nam PO Box 97050 Number	0	2009 Acur	a TL			
Seattle, WA 9	Street	As of the da	te you file, the claim is: Check all that apply.	!		
City						
	State ZIP Code	Contingenting	ent			
	ne debt? Check one.	Conting				
☑ Debtor 1 o	ne debt? Check one. nly	Containg	ated			
Debtor 1 of Debtor 2 of	ne debt? Check one. nly nly	Unliquid	ated			
Debtor 1 o	ne debt? Check one. nly	☐ Unliquid ☐ Disputed Nature of Ii ☐ An agree	lated d			

☐ Judgment lien from a lawsuit

Add the dollar value of your entries in Column A on this page. Write that number here:

Other (including a right to offset)

Last 4 digits of account number 9 0 3 8

community debt

Date debt was incurred

10/1/2019

\$8,386.00

Debtor 1 Samuel Arriola Case number (if known) 20-12088 First Name Middle Name Last Name Column A Column B Column C Additional Page Amount of claim Value of collateral Unsecured Part 1: After listing any entries on this page, number them beginning with that supports portion Do not deduct the 2.3, followed by 2.4, and so forth. this claim value of collateral. If any Describe the property that secures the claim: Creditor's Name Number As of the date you file, the claim is: Check all that apply. ☐ Contingent City State ZIP Code Unliquidated Who owes the debt? Check one. Debtor 1 only ☐ Disputed Debtor 2 only Nature of lien. Check all that apply. Debtor 1 and Debtor 2 only An agreement you made (such as mortgage or secured car loan) At least one of the debtors and another ☐ Statutory lien (such as tax lien, mechanic's lien) Check if this claim relates to a ☐ Judgment lien from a lawsuit community debt Other (including a right to offset) Date debt was incurred

2.2 Last 4 digits of account number ___ Add the dollar value of your entries in Column A on this page. Write that number here: \$0.00 If this is the last page of your form, add the dollar value totals from all pages. Write that number \$8,386.00 here:

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property
Case 20-12088-CMA Doc 14 Filed 08/21/20 Ent. 08/21/20 12:49:58 Pg. 2 of $2^{page 2 of 2}$ Official Form 106D